

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27560

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 5348

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
22 years (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Clarence Potts, Jr.
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 8 1915
(Month) (Day) (Year)

8. AGE: Years 25 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Dallas Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur
11. Industry or business Private Family

12. Name Clarence Potts
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Temple Pool
15. Birthplace Denison Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Lottie Hudson
(b) Address 1301 Garfield

17. (a) burial (b) Date thereof 8/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Starkins
(b) Address 1729 Lydia
8/26/41 (c) m m. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1301 Garfield
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8-22-41 day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him/her on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Intestinal Obstruction

Due to Chronic Catarrh of the Colon
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 12-2-38

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) (e) Means of injury _____

While at work? _____
23. Signature Raschke (M. D. or other) 3
Address _____ Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Isaac Jerome Manly

Licensed Embalmer No.

3994

P. O. Address

2583 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.